STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004444	A. BUILDING: _____ B. WING _____	C 08/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER PLACE	2216 N RILEY HWY SHELBYVILLE, IN 46176

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00179936. Complaint IN00179936 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: August 17 and 18, 2015 Facility number: 004444 Provider number: 004444 AIM number: N/A Census bed type: Residential: 29 Total: 29 Census payor type: Other: 29 Total: 29 Sample: 3 Walker Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00179936.	R 000		